

B1040 (FORM 1040) (12/15)

BANKRUPTCY CASE IN WHICH THIS ADVERSARY PROCEEDING ARISES		
NAME OF DEBTOR <b>Heidi Renata Nichols</b>		BANKRUPTCY CASE NO. <b>24-70112</b>
DISTRICT IN WHICH CASE IS PENDING <b>Western District of Virginia</b>	DIVISION OFFICE <b>Roanoke</b>	NAME OF JUDGE <b>Honorable Paul Black</b>
RELATED ADVERSARY PROCEEDING (IF ANY)		
PLAINTIFF <b>Heidi Rentat Nichols</b>	DEFENDANT <b>Department of the Treasury, IRS</b>	ADVERSARY PROCEEDING NO.
DISTRICT IN WHICH ADVERSARY IS PENDING <b>Western District of Virginia</b>	DIVISION OFFICE <b>Roanoke</b>	NAME OF JUDGE <b>Honorable Paul Black</b>
SIGNATURE OF ATTORNEY (OR PLAINTIFF)		
<u>/s/ Tonya L. Janney</u> <b>Tonya L. Janney 45508</b>		
DATE <b>February 27, 2024</b>	PRINT NAME OF ATTORNEY (OR PLAINTIFF) <b>Tonya L. Janney 45508</b>	

## INSTRUCTIONS

The filing of a bankruptcy case creates an "estate" under the jurisdiction of the bankruptcy court which consists of all of the property of the debtor, wherever that property is located. Because the bankruptcy estate is so extensive and the jurisdiction of the court so broad, there may be lawsuits over the property or property rights of the estate. There also may be lawsuits concerning the debtor's discharge. If such a lawsuit is filed in a bankruptcy court, it is called an adversary proceeding.

A party filing an adversary proceeding must also must complete and file Form 1040, the Adversary Proceeding Cover Sheet, unless the party files the adversary proceeding electronically through the court's Case Management/Electronic Case Filing system (CM/ECF). (CM/ECF captures the information on Form 1040 as part of the filing process.) When completed, the cover sheet summarizes basic information on the adversary proceeding. The clerk of court needs the information to process the adversary proceeding and prepare required statistical reports on court activity.

The cover sheet and the information contained on it do not replace or supplement the filing and service of pleadings or other papers as required by law, the Bankruptcy Rules, or the local rules of court. The cover sheet, which is largely self-explanatory, must be completed by the plaintiff's attorney (or by the plaintiff if the plaintiff is not represented by an attorney). A separate cover sheet must be submitted to the clerk for each complaint filed.

**Plaintiffs and Defendants.** Give the names of the plaintiffs and defendants exactly as they appear on the complaint.

**Attorneys.** Give the names and addresses of the attorneys, if known.

**Party.** Check the most appropriate box in the first column for the plaintiffs and the second column for the defendants.

**Demand.** Enter the dollar amount being demanded in the complaint.

**Signature.** This cover sheet must be signed by the attorney of record in the box on the second page of the form. If the plaintiff is represented by a law firm, a member of the firm must sign. If the plaintiff is pro se, that is, not represented by an attorney, the plaintiff must sign.

B1040 (FORM 1040) (12/15)

<b>ADVERSARY PROCEEDING COVER SHEET</b> (Instructions on Reverse)		<b>ADVERSARY PROCEEDING NUMBER</b> (Court Use Only)	
<b>PLAINTIFFS</b> Heidi Renata Nichols 911 Dominion Lane Salem, VA 24153		<b>DEFENDANTS</b>	
<b>ATTORNEYS</b> (Firm Name, Address, and Telephone No.) Tonya L. Janney 45508 Tonya L. Janney, Attorney at Law 525 S. Main Street Rocky Mount, VA 24151		<b>ATTORNEYS</b> (If Known)	
<b>PARTY</b> (Check One Box Only) <input checked="" type="checkbox"/> Debtor <input type="checkbox"/> U.S. Trustee/Bankruptcy Admin <input type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="checkbox"/> Trustee		<b>PARTY</b> (Check One Box Only) <input type="checkbox"/> Debtor <input type="checkbox"/> U.S. Trustee/Bankruptcy Admin <input type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="checkbox"/> Trustee	
<b>CAUSE OF ACTION</b> (WRITE A BRIEF STATEMENT OF CAUSE OF ACTION, INCLUDING ALL U.S. STATUTES INVOLVED)			
<b>NATURE OF SUIT</b> (Number up to five (5) boxes starting with lead cause of action as 1, first alternative cause as 2, second alternative cause as 3, etc.)			
<b>FRBP 7001(1) - Recovery of Money/Property</b> <input type="checkbox"/> 11-Recovery of money/property - §542 turnover of property <input type="checkbox"/> 12-Recovery of money/property - §547 preference <input type="checkbox"/> 13-Recovery of money/property - §548 fraudulent transfer <input type="checkbox"/> 14-Recovery of money/property - other  <b>FRBP 7001(2) - Validity, Priority or Extent of Lien</b> <input type="checkbox"/> 21-Validity, priority or extent of lien or other interest in property  <b>FRBP 7001(3) - Approval of Sale of Property</b> <input type="checkbox"/> 31-Approval of sale of property of estate and of a co-owner - §363(h)  <b>FRBP 7001(4) - Objection/Revocation of Discharge</b> <input type="checkbox"/> 41-Objection / revocation of discharge - §727(c),(d),(e)  <b>FRBP 7001(5) - Revocation of Confirmation</b> <input type="checkbox"/> 51-Revocation of confirmation  <b>FRBP 7001(6) - Dischargeability</b> <input checked="" type="checkbox"/> 66-Dischargeability - §523(a)(1),(14),(14A) priority tax claims <input type="checkbox"/> 62-Dischargeability - §523(a)(2), false pretenses, false representation, actual fraud <input type="checkbox"/> 67-Dischargeability - §523(a)(4), fraud as fiduciary, embezzlement, larceny  (continued next column)		<b>FRBP 7001(6) - Dischargeability (continued)</b> <input type="checkbox"/> 61-Dischargeability - §523(a)(5), domestic support <input type="checkbox"/> 68-Dischargeability - §523(a)(6), willful and malicious injury <input type="checkbox"/> 63-Dischargeability - §523(a)(8), student loan <input type="checkbox"/> 64-Dischargeability - §523(a)(15), divorce or separation obligation (other than domestic support) <input type="checkbox"/> 65-Dischargeability - other  <b>FRBP 7001(7) - Injunctive Relief</b> <input type="checkbox"/> 71-Injunctive relief - imposition of stay <input type="checkbox"/> 72-Injunctive relief - other  <b>FRBP 7001(8) Subordination of Claim or Interest</b> <input type="checkbox"/> 81-Subordination of claim or interest  <b>FRBP 7001(9) Declaratory Judgment</b> <input type="checkbox"/> 91-Declaratory judgment  <b>FRBP 7001(10) Determination of Removed Action</b> <input type="checkbox"/> 01-Determination of removed claim or cause  <b>Other</b> <input type="checkbox"/> SS-SIPA Case - 15 U.S.C. §§78aaa <i>et seq.</i> <input type="checkbox"/> 02-Other (e.g. other actions that would have been brought in state court if unrelated to bankruptcy case)	
<input type="checkbox"/> Check if this case involves a substantive issue of state law		<input type="checkbox"/> Check if this is asserted to be a class action under FRCP 23	
<input type="checkbox"/> Check if a jury trial is demanded in complaint		Demand \$	
Other Relief Sought: Dischargeability of income taxes			

UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF VIRGINIA

In re: Heidi Renata Nichols

Chapter 7

Debtor.

Case No. 24-70112

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Heidi Renata Nichols,

Plaintiff,

v.

Adv. Proceeding No. \_\_\_\_\_

United States Department of the Treasury,  
Internal Revenue Service,

Defendant.

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**COMPLAINT TO DETERMINE DISCHARGEABILITY OF TAX LIABILITY**

NOW COMES the Plaintiff, Heidi Renata Nichols, by Counsel, and for her Complaint to Determine Dischargeability of Tax Liability, pursuant to Bankruptcy Code §523(a)(1), states as follows:

1. This is a core proceeding.
2. The debtor filed her Chapter 7 case on February 16, 2024.
3. The debtor owes Federal Income Taxes in the approximate amount of \$12,896.17, plus penalties and interest.
4. The tax debt is due to taxes measured by income for the taxable years ending on December 31, 2018, and December 31, 2019.
5. The tax return for the year 2018 was due on April 15, 2019, and the tax return for the year 2019 was due April 15, 2020. The debtor did not file for an extension of the filing deadline for 2018 or 2019.

6. The Debtor filed her 2018 tax return on August 23, 2021, and her 2019 tax return on April 15, 2020.
7. The Debtor filed tax returns for 2018 and 2019 before February 16, 2022, which is more than two years prior to the date she filed this Chapter 7 Bankruptcy Petition; and, the tax returns for 2018 and 2019 were due more than three years prior to the date she filed this Chapter 7 Bankruptcy Petition.
8. The taxes were assessed more than 240 days prior to the date of the filing of the petition.
9. The tax returns were not fraudulent, and were in fact true and accurate, to the best of the Debtor's knowledge.
10. Upon information and belief, the tax debt referenced herein is unsecured, and a tax lien has not been recorded in the land records for the City of Salem.
11. Copies of the Debtor's 2018 and 2019 tax returns (social security number redacted) are attached hereto as Exhibit "A".

WHEREFORE, the Debtor respectfully requests that this Court enter an Order declaring the federal income tax liability owed by the debtor for the years 2018 and 2019, together with penalty and interest, be subject to the Order of Discharge in this case.

Respectfully Submitted,

/s/ Tonya L. Janney

Tonya L. Janney, Attorney at Law  
525 S. Main Street

Rocky Mount, Virginia 24151

T: 540-352-3337

F: 540-322-3720

tlj@tonyajanneylaw.com

Counsel for Debtor

Certificate of Service

I hereby certify the foregoing Complaint was served via first class United States mail to the U.S. Attorney's Office, PO Box 1709, Roanoke, Virginia 24008-1709; the Attorney General of the United States, U.S. Department of Justice, 950 Pennsylvania Avenue, NW, Washington, DC 20530-0001; and to the Department of the Treasury, Internal Revenue Service, PO Box 7346, Philadelphia, PA 19101, this 11<sup>th</sup> day of March, 2024.

/s/ Tonya L. Janney

# 1040

Department of the Treasury—Internal Revenue Service (99) **2018** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: Heidi Last name: Nichols Your social security number: \_\_\_\_\_

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

7202 Crosstimbers Trail

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ☒ here ☐

Roanoke VA 24019

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## Sign Here

Joint return?  
See instructions.  
Keep a copy for  
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: Manager

Spouse's signature. If a joint return, both must sign. Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

## Paid Preparer Use Only

Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ PTIN: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_ Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ☒ Self-Prepared Phone no.: \_\_\_\_\_

Firm's address ☐

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

Form 1040 (2018)

Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	82,462.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	82,462.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	82,462.
8	Standard deduction or itemized deductions (from Schedule A)	8	14,106.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	68,356.
11	a Tax (see inst.) <u>10,982.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	10,982.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	959.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	13	10,023.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	10,023.
16	Total tax. Add lines 13 and 14	16	6,328.
17	Federal income tax withheld from Forms W-2 and 1099	17	640.
18	Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 c Form 8863 <u>640.</u>	18	6,968.
19	Add any amount from Schedule 5	19	
20a	Add lines 16 and 17. These are your total payments	20a	
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	3,055.
23	Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number <u>X X X X X X X X X X X X X X X X</u>	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	

**SCHEDULE 3**  
**(Form 1040)**

**Nonrefundable Credits**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 1040.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

Heidi Nichols

<b>Nonrefundable Credits</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19 . . . . .	<b>50</b>	959.
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	
	<b>52</b>	Reserved . . . . .	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695 . . . . .	<b>53</b>	
	<b>54</b>	Other credits from Form <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> . . . . .	<b>54</b>	
<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12		<b>55</b>	959.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 12/21/18 Intuit.crg.cfp.sp

Schedule 3 (Form 1040) 2018

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

OMB No. 1545-0074

**2018**Attachment  
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

H. J. NICHOLS

**Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) . . . . . **1** 0.
- 2 Enter amount from Form 1040, line 7 **2** 82,462.
- 3 Multiply line 2 by 7.5% (0.075) . . . . . **3** 6,185.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid**

5 State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box . . . . . ▶ ☐ **5a** 3,652.

b State and local real estate taxes (see instructions) . . . . . **5b**c State and local personal property taxes . . . . . **5c**d Add lines 5a through 5c . . . . . **5d** 3,652.e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . . **5e** 3,652.

6 Other taxes. List type and amount ▶

**6**7 Add lines 5e and 6 . . . . . **7** 3,652.**Interest You  
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box . . . . . ▶ ☐a Home mortgage interest and points reported to you on Form 1098 . . . . . **8a**

b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶

**8b**c Points not reported to you on Form 1098. See instructions for special rules . . . . . **8c**d Reserved . . . . . **8d**e Add lines 8a through 8c . . . . . **8e**9 Investment interest. Attach Form 4952 if required. See instructions . . . . . **9**10 Add lines 8e and 9 . . . . . **10****Gifts to  
Charity**

If you made a gift and got a benefit for it, see instructions.

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . . **11** 1,000.12 Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500 . . . . . **12** 9,454.13 Carryover from prior year . . . . . **13**14 Add lines 11 through 13 . . . . . **14** 10,454.**Casualty and  
Theft Losses**15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . . **15****Other  
Itemized  
Deductions**

16 Other—from list in instructions. List type and amount ▶

**16****Total  
Itemized  
Deductions**17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 . . . . . **17** 14,106.18 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ☐

Form **8863**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Heidi Nichols

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

OMB No. 1545-0074

**2018**Attachment  
Sequence No. 50

Your social security number



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,121.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000.
3	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	82,462.
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4	7,538.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000.
6	If line 4 is: <ul style="list-style-type: none"> <li>Equal to or more than line 5, enter 1.000 on line 6</li> <li>Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)</li> </ul>	6	0.754
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	1,599.
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 17c. Then go to line 9 below	8	640.

**Part II Nonrefundable Education Credits**

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	959.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: <ul style="list-style-type: none"> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)</li> </ul>	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 50	19	959.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 12/21/18 [www.irs.gov/efile](http://www.irs.gov/efile)Form **8863** (2018)

Form 8863 (2018)

Page 2

Name(s) shown on return

Heidi Nichols

Your social security number



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) Heidi Nichols	<b>21</b> Student social security number (as shown on page 1 of your tax return) _____
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution Virginia Western Community College <b>(1)</b> Address, Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions. 3093 Colonial Ave Roanoke VA 24015 <b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. 54-1268273	<b>b.</b> Name of second educational institution (if any) <b>(1)</b> Address, Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions. <b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2018? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2018? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000.</b>	<b>27</b> 2,483.
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0-.	<b>28</b> 483.
<b>29</b> Multiply line 28 by 25% (0.25).	<b>29</b> 121.
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1.	<b>30</b> 2,121.

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10.	<b>31</b>
--	-----------

Form 8863 (2018)

Form **8283**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Noncash Charitable Contributions

OMB No. 1545-0908

Attachment  
Sequence No. **155**

Identifying number

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).

Name(s) shown on your income tax return

Heidi Nichols

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

### Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Goodwill Industries 4281 Brambleton Road Roanoke VA 24018	<input type="checkbox"/>	Animal supplies, food
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	11/15/2018	Various	Purchase	2,500.	2,500.	Present value
B						
C						
D						
E						

### Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶  
If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶  
(2) For any prior tax years ▶

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):  
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

**d** For tangible property, enter the place where the property is located or kept ▶

**e** Name of any person, other than the donee organization, having actual possession of the property ▶

**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .

Yes	No

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .


**c** Is there a restriction limiting the donated property for a particular use? . . . . .

--	--

# 1040 WORKSHEET

2018

NOTE: Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1-6.  
Use these QuickZooms to jump to the entry sections for Schedules 1-6 on the 1040 Worksheet:

## 1040 Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 - Additional Income and Adjustments . . . . .  
QuickZoom to Schedule 2 - Tax section . . . . .  
QuickZoom to Schedule 3 - Nonrefundable credits . . . . .  
QuickZoom to Schedule 4 - Other Taxes . . . . .  
QuickZoom to Schedule 5 - Other Payments and Refundable Credits . . . . .  
QuickZoom to Schedule 6 - Foreign Address and Third Party Designee . . . . .

## Form 1040 - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2018, or other tax year  
beginning \_\_\_\_\_, 2018, ending \_\_\_\_\_, 20 \_\_\_\_.

Your First Name MI Last Name Your Social Security No.  
Heidi Nichols  
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.  
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.  
7202 Crosstimbers Trail  
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code  
Roanoke VA 24019

## Schedule 6 - Foreign Address

Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension . . . . .

## Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)

### Presidential Election Campaign

Checking a box below will not change your tax or refund.  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund . . . . . ☐ You . . ☐ Spouse

### Filing Status

Check only one box.  
All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single  
☐ Married filing jointly (even if only one had income)  
☐ Married filing separately. Enter spouse's SSN above and full name here.  
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. . . . .  
☐ Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . . . . ☐

Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit	
(1) First name	Last name			Credit for other dependents	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet . . . . .  
QuickZoom to the Dependent and Nondependent Information Worksheet . . . . .

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$39.99

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

<sup>2</sup>However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

Form 8283 (Rev. 12-2014)

Name(s) shown on your income tax return

Identifying number

Heidi Nichols

**Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities)**—Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

**Part I Information on Donated Property**—To be completed by the taxpayer and/or the appraiser.

4 Check the box that describes the type of property donated:

- ☐ a Art\* (contribution of \$20,000 or more)    ☐ d Art\* (contribution of less than \$20,000)    ☐ g Collectibles\*\*    ☒ j Other  
☐ b Qualified Conservation Contribution    ☐ e Other Real Estate    ☐ h Intellectual Property  
☐ c Equipment    ☐ f Securities    ☐ i Vehicles

\*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

\*\*Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

**Note.** In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A	Household items, clothes, movies	Excellent	6,954.
B			
C			
D			

  

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions	
					(h) Amount claimed as a deduction	(i) Date of contribution
A	Various	Purchase	13,001.	2,000.	6,954.	11/09/2018
B						
C						
D						

**Part II Taxpayer (Donor) Statement**—List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ►

Signature of taxpayer (donor) ►

Date ►

**Part III Declaration of Appraiser**

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

**Sign**

**Here**

Signature ►

Title ►

Date ►

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

**Part IV Donee Acknowledgment**—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ►

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ► ☒ Yes ☐ No

Name of charitable organization (donee)

Employer identification number

Goodwill Industries

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date

**Special Depreciation Allowance Elections under  
IRC Section 168(k)(7)**

► Attach to your income tax return

Name(s) Shown on Return Heidi Nichols	Identification Number
--	-----------------------

Tax Year: 2018

**Election Out of Qualified Economic Stimulus Property**

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(7) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending: 12/31/2018

5 Year Property
7 Year Property
Computer Software defined under IRC Section 167(f)(1)(B)

Heidi Nichols

age 2

Form 1040, Identifying Information (cont'd)			
<input type="checkbox"/>		Someone can claim you as a dependent	
<input type="checkbox"/>		Someone can claim your spouse as a dependent	
<b>a</b> Check if: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> You were born before January 2, 1954,  <input type="checkbox"/> Spouse was born before January 2, 1954,  <b>Total boxes checked</b> ..... <b>a</b> <span style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></span> </div> <div style="width: 50%;"> <input type="checkbox"/> Blind.  <input type="checkbox"/> Blind.                 </div> </div>			
<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ..... <b>b</b> <input type="checkbox"/>			

Form 1040 Lines 1-5			
<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 .....	<b>1</b>	82,462.
<b>2 a</b>	Tax-exempt interest .....		
<b>b</b>	Taxable interest .....	<b>2b</b>	
<b>3 a</b>	Qualified dividends (see instructions) .....		
<b>b</b>	Ordinary dividends. Attach Schedule B if required .....	<b>3b</b>	
<b>4</b>	IRA distributions .....		
	Taxable amount (see instructions) .....		
	Pensions and annuities .....		
	Taxable amount (see instructions) .....	<b>4b</b>	
<b>5 a</b>	Social security benefits .....		
<b>b</b>	Taxable amount (see instructions) .....	<b>5b</b>	
<b>QuickZoom</b> to Schedule 1 - Additional Income and Adjustments ..... <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>			

Form 1040, Lines 6 and 7			
<b>6</b>	Total income. Add lines 1 through 5b and Schedule 1, line 22 .....	<b>6</b>	82,462.
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ..... <b>7</b>		82,462.
	AGI including excludable Puerto Rico Income .....		82,462.

Form 1040, Line 8 - Standard or Itemized Deduction			
<b>8</b>	<b>Standard deduction or itemized deductions (from Schedule A)</b> <b>Standard Deduction for -</b> <ul style="list-style-type: none"> <li>• People who checked blind or over 65 or who can be claimed as a dependent, see instructions.</li> <li>• All others:                             <ul style="list-style-type: none"> <li>• Single or Married filing separately: \$12,000</li> <li>• Married filing jointly or Qualifying widow(er): \$24,000</li> <li>• Head of household: \$18,000</li> </ul> </li> </ul> <b>QuickZoom</b> to the Standard Deduction Worksheet ..... <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span> <b>Itemized deductions (from Schedule A) or your standard deduction, see above</b> ..... <b>8</b>		14,106.
	Subtract itemized or standard deduction from adjusted gross income amount. ....		68,356.

Heidi Nichols

Page 3

**Form 1040, Lines 9-11**

<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	68,356.

<b>11</b>	<b>a Tax.</b> (see instructions). Check if any from:		
<b>1</b>	<input type="checkbox"/> Form(s) 8814		
<b>2</b>	<input type="checkbox"/> Form 4972		
<b>3</b>	<input type="checkbox"/>		10,982.
<b>b Total tax.</b> Add any amount from Schedule 2 and check here . . . . .	<input type="checkbox"/>	<b>11</b>	10,982.
<b>QuickZoom</b> to Schedule 2 - Tax section . . . . .			

**Form 1040, Line 12 -15**

<b>12 a</b>	Child tax credit/credit for other dependents . . . . .	<b>12a</b>			
<b>b Add</b>	any amount from Schedule 3 and check here . . . . .	<input checked="" type="checkbox"/>	<b>12</b>		959.
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>			10,023.
<b>14</b>	Other taxes. Attach Schedule 4 . . . . .	<b>14</b>			0.
<b>15</b>	Total tax. Add lines 13 and 14 . . . . .	<b>15</b>			10,023.
<b>QuickZoom</b> to Schedule 3 - Nonrefundable credits . . . . .					
<b>QuickZoom</b> to Schedule 4 - Other Taxes . . . . .					

**Form 1040, Lines 16-17**

<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b>		6,328.
<b>17 a</b>	<b>Earned income credit (EIC)</b> . . . . .		No	
	Nontaxable combat pay election . . . . .			
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .			
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .		640.	
	Add lines 17a,b,c and any amount from Schedule 5 . . . . .	<b>17</b>		640.
<b>18</b>	Add Lines 16 and 17. These are your total payments . . . . .	<b>18</b>		6,968.
<b>QuickZoom</b> to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . . .				
<b>QuickZoom</b> to "due diligence checklist" substitute for Form 8867 . . . . .				
<b>QuickZoom</b> to Schedule 5 - Other Payments and Refundable Credits . . . . .				

**Form 1040, Lines 19-21**

<b>Refund:</b>				
<b>19</b>	If total Payments is more than total tax, subtract <b>total tax</b> from <b>payments</b> . This is the amount you <b>overpaid</b> . . . . .	<b>19</b>		
<b>20 a</b>	Amount of overpayment you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . .	<input type="checkbox"/>	<b>20</b>	
<b>b</b>	Routing number . . . . .		XXXXXXXXXX	
<b>c</b>	Type:			
	<input type="checkbox"/> Checking			
	<input type="checkbox"/> Savings			
<b>d</b>	Account number . . . . .		XXXXXXXXXXXXXXXXXXXX	
<b>21</b>	Amount of overpayment on line 19 you want <b>applied to your 2019 estimated tax</b> . . . . .			

**Form 1040, Lines 22-23**

<b>Amount You Owe:</b>				
<b>22</b>	Subtract line total payments from total tax . . . . .	<b>22</b>		3,055.
<b>23</b>	Estimated tax penalty (see instructions) . . . . .	<b>23</b>		

**QuickZoom** to Late Penalties and Interest Worksheet . . . . . **QuickZoom** . . . . .

Heidi Nichols

Page 5

**Schedule 2 - Tax**

38-44	Reserved	38-44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962.	46	
47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11.	47	

**Schedule 3 - Nonrefundable Credits**

48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50	959.	
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Reserved	52		
53	Residential Energy Credit. Attach Form 5695	53		
54	Other credits from Form:	54		
a	<input type="checkbox"/> 3800			
b	<input type="checkbox"/> 8801			
c	<input type="checkbox"/>			
55	Add lines 12a, and 48 through 54. These are your <b>total credits</b>	55	959.	
a	If amount on line 55 above includes Schedule 3 amount, check here	<input checked="" type="checkbox"/>		
b	Total non-refundable credits		959.	
c	Subtract total credits on line 55 from total tax above		10,023.	
Quickzoom to 1040 Worksheet, line 15 - Total Tax.			QuickZoom.	

**Schedule 4 - Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form:		
a	<input type="checkbox"/> 4137	b	<input type="checkbox"/> 8919
	Explain underreported tips	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61	Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from:		
a	<input type="checkbox"/> Form 8959		
b	<input type="checkbox"/> Form 8960		
c	<input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A.	63	
64	Add lines 57 through 62. <b>Total Other taxes amount.</b>	64	0.
	Tax after credits: Add lines 64 and line 55c		10,023.

Heidi Nichols

Page 4

**Schedule 1 - Additional Income and Adjustments**

<b>1-9b</b>	Reserved . . . . .		
<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	<b>10</b>	0.
<b>11</b>	Alimony received. . . . Taxpayer _____ Spouse _____	<b>11</b>	
<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>13</b>	
<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	
<b>18</b>	Farm income or (loss). Attach Schedule F. . . . .	<b>18</b>	
<b>19</b>	Unemployment compensation (see instr.) . . . . .	<b>19</b>	
<b>21</b>	Other income. List type and amount (see instructions). _____ _____	<b>21</b>	
<b>22</b>	Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. . . . . ▶ <b>Total income.</b> Combine Form 1040 lines 1- 5b and Schedule 1, line 22, enter on Form 1040, line 6. . . . . ▶ 82,462. <b>Quickzoom to 1040 Worksheet, line 6 - Total Income . . . . . ▶ QuickZoom. . . ▶</b>	<b>22</b>	0.

**Schedule 1 - Adjustments to Income**

<b>23</b>	Educator expenses . . . . .	<b>23</b>	
<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
<b>26</b>	Moving expenses. Attach Form 3903 . . . . .	<b>26</b>	
<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
<b>30</b>	Penalty on early withdrawal of savings. . . . .	<b>30</b>	

**Alimony Paid Smart Worksheet**

	Recipient's name	Recipient's SSN	Alimony paid
<b>A</b>	_____	_____	_____
<b>B</b>	_____	_____	_____

  

<b>31 a</b>	Alimony paid . . . . .		
<b>b</b>	Recipient's SSN ▶ _____	<b>31 a</b>	
<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction. . . . .	<b>33</b>	
<b>34</b>	Reserved . . . . .	<b>34</b>	
<b>35</b>	Reserved . . . . .	<b>35</b>	
<b>36</b>	Add lines 23 through 35. . . . .	<b>36</b>	

Heidi Nichols

Page 6

**Schedule 5 - Other Payments and Refundable Credits**

65	Reserved for future use . . . . .	65	
66	2018 estimated tax payments and amount applied from 2017 return . . . . .	66	
67	Reserved for future use . . . . .	67	
68	Reserved for future use . . . . .	68	
69	Reserved for future use . . . . .	69	
70	Net premium tax credit. Attach Form 8962 . . . . .	70	
71	Amount paid with request for extension to file . . . . .	71	
72	Excess social security and tier 1 RRTA tax withheld . . . . .	72	
73	Credit for federal tax on fuels. Attach Form 4136 . . . . .	73	
74	Credits from Form:	74	
a	<input type="checkbox"/> 2439		
b	<input type="checkbox"/> Reserved		
c	<input type="checkbox"/> 8885		
d	<input type="checkbox"/>		
75	Add lines 66, and 70 through 74. These are your <b>total payments</b> . . . . .	75	6,968.
	Amount included above on line 75 from Schedule 5 . . . . .		
	Amount included above on line 75 from Form 1040, line 17 . . . . .		640.

**Schedule 6 - Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's Name . . . . .

Phone No. . . . . Personal Identification Number (PIN) . . . . .

**Signature and Paid Preparer**

**Sign Here**

Joint return? See instructions.

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, <b>both</b> must sign.	Date	Spouse's Occupation	
Daytime Phone No. (540) 793-2045			

**Paid Preparer's Use Only**

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature		<input type="checkbox"/> 3rd Party Designee
Firm's Address (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

**Filing Address Information**

Send Form 1040 to: You have chosen to electronically file this return.

Date

Form 8960

## Form 8960 Worksheet

2018

Lines 4b, 5b, 7, 9, 10

Name(s) Shown on Return Heidi Nichols	Your SSN _____
--	----------------

**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2017 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0.
2	Capital loss carryover to next year . . . . .	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 20 . . . . .	1	_____
2	Amounts reported on Form 8814, line 12 . . . . .	2	_____
3	Adjustment for distributions from estates and trusts . . . . .	3	_____
4	Schedules C and F income/loss included in net investment income . . . . .	4	_____
5	Substitute interest and dividend payments . . . . .	5	_____
6	Recovery of a prior year deduction . . . . .	6	_____
7	_____	7	_____
8	Total other modifications to investment income . . . . .	8	_____

Heidi Nichols

Page 2

**Line 9b - State, local, and foreign income taxes allocable to net investment income**

1	State and local income taxes . . . . .	1	3,652.
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	82,462.
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	0.0000
5	State and local income taxes allocable to investment income	5	0.
6	State and local taxes (Schedule A, line 5e) . . . . .	6	3,652.
7	Lesser of line 5 or line 6. . . . .	7	0.
8	Foreign income taxes . . . . .	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4. . . . .	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income . . . . .	10	0.

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	0.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	0.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8 . . . . .	5	14,106.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	0.
7	Subtract line 6 from line 5. . . . .	7	14,106.
8	Enter the lesser of line 7 or line 4 . . . . .	8	0.

Heidi Nichols

Page 3

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3	x	=
	x	=
	x	=
	x	=
Penalty on early withdrawal of savings		
Other modifications:		
Total additional modifications to Form 8960, line 10		

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**

**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

## Charitable Organization Worksheet

2018

► Keep for your records

Name(s) Shown on Return

Heidi Nichols

Social Security Number

Charity Name . . . Goodwill Industries

Address . . . . . 4281 Brambleton Road

City . . . . . Roanoke

State . . . . VA

ZIP code . . . . 24018

### Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	11/09/2018	Household items, clothes, movies	Items you valued	6,954.00
2	11/15/2018	Animal supplies, food	Items you valued	2,500.00
3	(not needed)		Money	1,000.00
			Total:	10,454.00
			Prior Year Total:	2,200.00

### ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Charitable Organization Worksheet page 2

2018

Heidi Nichols

231-11-1010

Other Item Donations Worksheet				
Note: Double-click to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed
1	11/09/2018	Household items, clothes, movies	13,001.00	
	Various	A - Household	Consignment shop	
		Purchase	6,954.00	6,954.00
2	11/15/2018	Animal supplies, food	2,500.00	
	Various	H - Other (Tangible)	Present value	
		Purchase	2,500.00	2,500.00

Detail of Money Donations Worksheet								
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2018 Amount
3	(not needed)	1,000.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	1,000.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet						
Ref. No.	Donation Date	Description of Trip			Miles Driven Value of Miles	Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring				
Other Costs	Description of Other Costs					
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return****2019**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

**Filing Status** ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>Heidi</b>		Last name <b>Nichols</b>		Your social security number	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. <b>7202 Crosstimbers Trl</b>				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Roanoke VA 24019-2110</b>				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/country		Foreign postal code	
				If more than four dependents, see instructions and ✓ here <input type="checkbox"/>	

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
• Single or Married filing separately, \$12,200  
• Married filing jointly or Qualifying widow(er), \$24,400  
• Head of household, \$18,350  
• If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	91,995.
2a	Tax-exempt interest . . . . .	2a		2b
3a	Qualified dividends . . . . .	3a		3b
4a	IRA distributions . . . . .	4a		4b
c	Pensions and annuities . . . . .	4c		4d
5a	Social security benefits . . . . .	5a		5b
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .		6	
7a	Other income from Schedule 1, line 9 . . . . .		7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .		7b	91,995.
8a	Adjustments to income from Schedule 1, line 22 . . . . .		8a	
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .		8b	91,995.
9	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	16,314.	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10		
11a	Add lines 9 and 10 . . . . .		11a	16,314.
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .		11b	75,681.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

Form 1040 (2019)

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**Preparer Use Only**

Firm's name **Self-Prepared** Firm's address  
Preparer's name Preparer's signature Date PTIN  
Check if:  
☐ Self-employed  
☐ 3rd Party Designee

**Sign Here**

Joint return? See instructions. Keep a copy for your records.  
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation  
Your signature Date Your occupation  
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  
☐ Yes. Complete below.  
☒ No

Designee's name (Other than paid preparer) Phone no. Personal identification number (PIN)

**You Owe**

24 Estimated tax penalty (see instructions) 64.  
23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions. 5,073.  
22 Amount of line 20 you want applied to your 2020 estimated tax

**Refund**

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ☐  
21b Routing number ☐ Direct deposit? See instructions.  
21c Account number ☐ Savings ☐ Checking ☐ c Type: ☐ Savings ☐ Checking ☐ Savings  
20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 7,498.  
19 Add lines 17 and 18e. These are your total payments 12,507.  
18e Add lines 18a through 18d. These are your total other payments and refundable credits 12,507.  
18a No  
18b Additional child tax credit. Attach Schedule 8812  
18c American opportunity credit from Form 8863, line 8  
18d Schedule 3, line 14  
17 Federal income tax withheld from Forms W-2 and 1099  
16 Add lines 14 and 15. This is your total tax 12,507.  
15 Other taxes, including self-employment tax, from Schedule 2, line 10 0.  
14 Subtract line 13b from line 12b. If zero or less, enter -0- 12,507.  
13b Add Schedule 3, line 7, and line 13a and enter the total  
13a Child tax credit or credit for other dependents 13a  
12b Add Schedule 2, line 3, and line 12a and enter the total 12,507.  
12a Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐

**Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  
☐ Yes. Complete below.  
☒ No

Designee's name (Other than paid preparer) Phone no. Personal identification number (PIN)

**Sign Here**

Joint return? See instructions. Keep a copy for your records.  
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation  
Your signature Date Your occupation  
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Preparer Use Only**

Firm's name **Self-Prepared** Firm's address  
Preparer's name Preparer's signature Date PTIN  
Check if:  
☐ Self-employed  
☐ 3rd Party Designee

Form 1040 (2019)